### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(	s) Judy E. R	eardon	
II. Name of lobbyist'	s partnership, firm or corporation, if a		
(Na	ne of partnership, firm or corporation)		
Business Address: (St	anover Street Management) (Town/City)	hester NH (State)	<b>63104</b> (Zip Code)
(Telephone)	(Fa)	e-mail Hody (	cardongcomcast.net
	overs: (Choose one – file separate reporansactions which are not attributable		ny file a separate report for
X All reportable trar	sactions occurring in the months prior to	the reporting date relative to th	e following client:
Protect	the Grante State (Full Name of Client as it appears on the D	obbyist Registration Form)	<del></del>
<u>OR</u>			
☐ All reportable tran unrelated to any partic	sactions by the lobbyist (including the lo	bbyist's family), or the lobbying	g firm listed below which are
IV. Date of Report Reports cover: activ	April 25, 2018  vity from date of registration to 3/31/18	July 25, 2018	
	October 31, 2018 activity from 7/1/18 to 9/30/18	January 30, 2019 🔀 activity from 10/1/18 to 12/31/	/18
V. There have been If this box is checked, Concord, NH 03301.	n no fees received and no reportable complete just this form and submit it to t	e transactions made since the Secretary of State's Office, S	he last report.   Grate House, Room 204,
VI. Check if addition	nal reports are attached:		
-	ved fees or made expenditures, you must		
☐ If you have paid a Expense Reimbursem	an honorarium or reimbursed expenses, y ent	ou must file <b>Addendum B</b> – Re	port of Honorariums or
X If you, your firm,	or your family has made political contrib	outions, you must file Addendu	m C-Political Contributions
I have read RSA 15, I and complete to the b	firmation by Lobbyist RSA 15-B, RSA 14-C and RSA 664 and lest of my knowledge and belief.		
(Signature of lobbyis	Reardon	(Dat	RECEIVED JAN 1 4 2019
(Print Name of lobby	ist)		JAN 1 4 2019
			NEW HAMPSHIRE DEPARTMENT OF STATE

# PLEASE PRINT

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Judy E. Reardon	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client Protect the Granite State	DateO1/14/2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 1,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ _3, 000 ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ 4,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expendividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (c) the aggregate total of all expenses; (c) the aggregate total of all expenses; (d) the aggregate total of all expenses; (d) the aggregate total of all expenses; (e) the aggregate total of all expenses; (d) the aggregate total of all expenses; (e) the aggregate total of all expenses; (d) the aggregate total of all expenses; (e) the aggregate total of all expe
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
a) Total of all itamized expenditures reported in detail in section VI	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <b>O</b>
e) Total of expenses paid this calendar year, prior to this reporting perior. (This should be the amount on line f of addendum A for last month's reporting perior.	
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made period, including by whom paid or to whom charged.	e from lobbying fees during this reporting
Paid to:	Amount:
	\$
	<b>\$</b>
	\$
<del></del>	<u> </u>
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear of	
is true and complete to the best of my knowledge and belief.	

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	Reardon
l II. Name of lobbyist's partnership, firm or co	
(Name of partnership, firm or corporation)	
III. Name of Client Protect the G	ranite State Date 01/14/2019
Political Contributions	
For each political contribution that is reportable client/lobbyist and lobbying firm, indicate the form	e pursuant to RSA Chapter 664 paid on behalf of the
cheminopoyist and loboying min, indicate the is	onowing.
	·
Full name of candidate: (Last Name)	Sherman for State Senate
Amount of contribution \$ 35	Office Candidate is Seeking State Senate
If the contribution is an in-kind contribution, provide	e a description of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line abe enter an estimated value and the word "estimate."	ove for amount of contribution. If the actual cost is not known,
chief all estimated value and the work estimates	
	11.
Full name of candidate: School	Vric
(Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$	Office Candidate is Seeking State Rep
If the contribution is an in-kind contribution, provid	le a description of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line ab	pove for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
Full arms of condidate:	
Full name of candidate: (Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$	Office Candidate is Seeking

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist)  O1/14/2019  (Print Name of lobbyist)